

**Water Supply Administration-Bureau of Safe Drinking Water  
401 East State St. P. O. Box # 426  
Trenton, New Jersey 08625-0426  
Tel# 609-292-5550-Fax# 609-292-1654**

**CCR Year: 2005  
(2004 data)**

**2005 Consumer Confidence Report (CCR) Certification Form**

**PWS ID#** \_\_\_\_\_ **Community Water System Name:** \_\_\_\_\_

**Community Water System Address:** \_\_\_\_\_

- 1. CCRs must be mailed (not hand delivered) to all Bill-Paying Customers. List Date of Mailing:**

\_\_\_\_\_

- 2. Systems greater than or equal to 100,000 persons must post their CCR on the Internet. If your system is greater than or equal to 100,000 persons, indicate web address where the CCR is posted:**

\_\_\_\_\_

- 3. Systems must make a good faith effort to reach all appropriate non-bill paying customers. Check all that were done by your community water system.**

\_\_\_\_\_ Posted the CCR in public places (attach a list of locations)

\_\_\_\_\_ Delivered copies of the CCR to several single bill addresses serving a significant number of people (example: Apartment Buildings, Businesses and Companies).

\_\_\_\_\_ Advertised the availability of the CCR in news media (attach copy of announcement)

\_\_\_\_\_ Published the CCR in a local newspaper (copy enclosed)

\_\_\_\_\_ Other (List) \_\_\_\_\_

- 4. The Certification below must be completed by the Community Water System.**

**I certify that the above referenced community water system has distributed the CCR in accordance with all applicable regulations. Furthermore, I certify that the information contained in the report is correct and consistent with the compliance monitoring data previously submitted to the state.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_